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## IMPORTANT FAX DOCUMENT

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DATE September 19, 2006

NAME Examiner Djenane M. Bayard

COMPANY U.S. Patent and Trademark Office – Group Art Unit 2141

YOUR REF NO. 10/611,360

FAX NUMBER 571-273-8300

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FROM Jason Jackson – Registration No. 56,733

OUR REFERENCE NO. 03224.0003U1

OUR FAX NUMBER 678-420-9301

NUMBER OF PAGES 8

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Please see attached:

1. Transmittal Letter (2 pages)
2. Notice of Appeal (2 pages)
3. Request for Extension of Time (2 pages)
4. Credit Card Payment Form PTO-2038 in the amount of \$760.00 (1 page)

## CONFIDENTIALITY NOTE

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SEP 19 2006

ATTORNEY DOCKET NO. 03224.0003UI  
PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Gaydos, *et al.*

Application No. 10/611,360

Filing Date: June 30, 2003

For: "METHOD, APPARATUS, AND  
SYSTEM FOR ASYMMETRICALLY  
HANDLING CONTENT REQUESTS  
AND CONTENT DELIVERY"

Art Unit: 2141

Examiner: Djenane M. Bayard

Confirmation No. 2659

TRANSMITTAL LETTERMail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450NEEDLE & ROSENBERG, P.C.  
Customer Number 23859

September 19, 2006

Sir:

Transmittal herewith is/are the following in the above-identified application:

- |                                     |                            |                                     |                               |
|-------------------------------------|----------------------------|-------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> | Notice of Appeal           | <input checked="" type="checkbox"/> | Request for Extension of Time |
| <input checked="" type="checkbox"/> | Fee as calculated below    | <input type="checkbox"/>            | Supplemental Declaration      |
| <input type="checkbox"/>            | No Additional Fee Required | <input type="checkbox"/>            | Terminal Disclaimer           |
| <input type="checkbox"/>            | Corrected Drawings         | <input type="checkbox"/>            | Other _____                   |

CLAIMS AS AMENDED						
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims					X \$50.00	\$
Independent Claims					X \$200.00	\$
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim					+ \$360.00	\$
EXTENSION FEE	1 <sup>st</sup> Month \$120 <input type="checkbox"/>	2 <sup>nd</sup> Month \$450 <input type="checkbox"/>	3 <sup>rd</sup> Month \$1020 <input checked="" type="checkbox"/>	4 <sup>th</sup> Month \$1590 <input type="checkbox"/>	5 <sup>th</sup> Month \$2160 <input type="checkbox"/>	\$1020.00
<input checked="" type="checkbox"/> Reduction by 1/2 for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						- \$510.00
TOTAL FEE DUE						\$510.00

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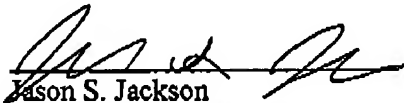
SEP 19 2006

ATTORNEY DOCKET NO. 03224.0003U1  
APPLICATION NO. 10/611,360

Payment:

- ☐ A check in the amount of \$ \_\_\_\_\_ is enclosed.
- ☒ Payment by credit card in the amount of \$760.00 for the fees designated below. (Form PTO-2038 enclosed).  
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$ \_\_\_\_\_ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☐ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

NEEDLE & ROSENBERG, P.C.

  
Jason S. Jackson  
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CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence, including any items indicated as attached or included, is being transmitted via facsimile transmission to:  
Examiner Djenane M. Bayard, Art Unit 2141, 571-273-8300, on the date indicated below.

  
Monick Lewis

Date 9/19/06